

California Network of Mental Health Clients' Position on MHSA Emergency Regulations on Short-term Inpatient Services for Uninsured Full Service Partnership (FSP) Clients

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Flawed Reasoning: 3620(k) assumes that the addition of new clients to mental health services under the MHSA will produce the need for more inpatient commitments. On the contrary, an increase in hospitalizations is contrary to the expected outcomes for MHSA programs and the actual outcomes of AB 34/2034 programs, the model for MHSA services. Indeed, if MHSA services are doing what they are supposed to do, the outcome should be a reduction of involuntary commitment. MHSA services should *prevent* hospitalization, not increase it. Increasing expenditures for involuntary services would indicate failure of a county to transform the delivery of services as required for MHSA funding.

Erosion of Trust: Section 3620(k) erodes the consumer trust that is requisite for a successful relationship between helper and helped and for an effective recovery process. The success of mental health services depends on the level of trust between a client and his or her helping environment. The knowledge that forced treatment hovers in the background will undermine that trust.

Adverse Impact on Unserved and Underserved Multi-Ethnic and Multi-Cultural Communities: The threat of forced treatment has the potential of scaring away many of the very same unserved people whom the MHSA is targeting. Past studies and current acute psychiatric inpatient utilization data strongly indicate that publicly funded acute inpatient services and other restrictive settings are over utilized by persons of color, particularly African Americans. Indeed, the threat of psychiatric hospitalization makes unserved and underserved communities distrustful of the mental health system. Many Latinos choose to receive mental health through their primary care physicians, because the medical doctor will not be so quick to offer hospitalization. If the system continues to promote involuntary treatment, these communities will continue to be absent from the system.

Hospitalization Is Conventional, not Transformational: The use of MHSA funds for inpatient hospitalization defies the spirit and intent of the MHSA. Whereas the conventional system has used hospitalization, coercion and force in its attempt to deal with emotional crises, a transformed system would create alternative options that maximize client self-determination and autonomy and are based on the recovery vision. Yes, people do experience times of great emotional distress; however there are alternative ways of assisting persons in such distress – for example, voluntary crisis drop-in respite centers, peer-run supportive housing, voluntary crisis residential houses, or self-directed support in the home. The MHSA's promise is to develop alternative ways of helping people in emotional distress, not to support the same old, unsuccessful answers.